

Designation of Beneficiary
Federal Employees' Group Life Insurance (FEGLI) Program
(DO NOT erase or cross-out. Use a new form.)

Form Approved
OMB No. 3206-0136

Important:
Read instructions on the
Back of Part 2 before completing this form.

A. Information About the Insured (not the Assignee, if there is one) (type or print)

Name of Insured (Last, first, middle) <u>Beck, Nancy Beth</u>		Date of birth of Insured (mm/dd/yyyy) <u>(b) (6)</u>	Social Security Number <u>(b) (6)</u>
The Insured is: Place an "X" in the appropriate box.	<input checked="" type="checkbox"/> an employee	If the insured is retired or receiving Federal Employees' Compensation, give CSA, CSI, or OWCP claim number:	
	<input type="checkbox"/> a retiree		
<input type="checkbox"/> a compensation			
Department or agency where the Insured works (If retired, last department or agency where the Insured worked):			
Department or agency <u>EPA/OCGPP</u>	Bureau or division <u>OCSP</u>	Location (city, state, and ZIP code) <u>Washington DC</u>	

B. Information About the Beneficiary or Beneficiaries (See Back of Part 1 for examples) (type or print)

(b) (6)

Total (Must equal 100% or 1.0) (Do not use dollar amounts)
(Do not put a Total if you designated types of insurance. See example 4 on Back of Part 1.)

100%

C. Statement of Insured or Assignee (type or print)

Your name and address (Including ZIP code) <u>Nancy Beck</u>	Please check one: I am: <u>(b) (6)</u>	Please check all three:
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I understand that if this Designation is invalid for any reason, the Office of Federal Employees' Group Life Insurance will pay benefits according to the next most recent valid designation. If there isn't one, it will pay according to the order listed on the Back of Part 2.

I understand that if this Designation is valid, it will stay in effect unless it is canceled. (See "When Is A Designation Canceled?" on the Back of Part 2).

I am canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Program and am now designating the beneficiary(ies) named above.

Signature of Insured/Assignee (Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) This form is not valid unless the Insured/Assignee signs in this box.

Date (mm/dd/yyyy)

Nancy Beck

05/02/2017

D. Witnesses To Signature (A witness is not eligible to receive a payment as a beneficiary)

(b) (6)

Receiving agency <u>U.S. EPA/ERD</u>	Date of receipt (mm/dd/yyyy) <u>05/05/2017</u>	Signature of authorized official <u>[Signature]</u>	Title <u>B+R Spn</u>
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Nancy Beth Beck PhD, DABT

(b) (6)

SCIENCE & REGULATORY POLICY EXPERT

Ph.D. Toxicologist with over eighteen years of applied public health experience. Specialized ability to provide a broad policy perspective as well as detailed technical input. Deep understanding of scientific issues, risk assessment, and U.S. regulatory process. Accomplished in bringing a scientific dialogue to the policy discussion to inform critical decision-making. Skilled in leading and directing interagency negotiations to improve policy. Successful collaborations have involved partnerships with senior staff and policy officials throughout the Executive Office of the President and Federal agencies.

Education & Certification:

Diplomat American Board of Toxicology (DABT), November 2002, recertified Aug 2016

Ph.D. Environmental Health, *University of Washington*, Seattle, WA, 1998

M.S. Environmental Health, *University of Washington*, Seattle, WA, 1992

B.S. Microbiology (minor economics), *Cornell University*, Ithaca, NY, 1988

APPLIED TOXICOLOGY & PUBLIC HEALTH EXPERIENCE:

American Chemistry Council (ACC), Washington DC

Senior Director of Regulatory Science Policy

January 2012- present

- Leading expert for ensuring sound implementation of risk assessment practices within the Frank R. Lautenberg Chemical Safety for the 21st Century Act (signed into law June 2016).
- Develop technical and policy materials to develop sound scientific policies on science and health critical for the government assessment of chemicals.
- Oversee funding and development of projects to advance risk assessment methodologies and practices.
- Review and provide comment on various scientific assessments including EPA IRIS assessments, OPPT Risk Assessments, Report on Carcinogens documents, and international assessments to inform industry engagement with Federal Agencies.
- Serve as an expert technical and strategy resource to committees and self-funded groups on the development and improvement of scientific documents related to specific chemical assessments.
- Analyze scientific documents to identify critical scientific issues relating to improving the scientific basis to support decisions making. Provide technical assistance in protocol development, monitoring, auditing and communication of results.
- Co-lead ACC panel on advancing risk assessment and science policy regarding issues related to characterizing uncertainty, systematic review, and weight of evidence evaluations.
- Work to resolve member company concerns and problems related to chemical assessments
- Monitor, analyze, and track emerging issues, developments and trends on science policy and chemical assessment and management.
- Serve as spokesperson on behalf of ACC in front of federal agencies, congressional staff, press, international groups, scientific societies and other organizations.



Executive Office of the President, Office of Management and Budget, Office of Information and Regulatory Affairs, Washington, DC

TOXICOLOGIST/RISK ASSESSOR/POLICY ANALYST

AUG. 2002-January 2012

- Utilized toxicology expertise to bridge the science and policy gap by framing and identifying scientific issues for an active policy debate.
- Led expert for international regulatory discussions with the EU, Canada and Mexico on risk assessment and nanotechnology policy.
- Managed and led the scientific review of the toxicological/scientific analyses and risk assessments upon which rulemakings, proposals, notices, guidance documents, and information collection requests rely as part of the review by the Executive Office of the President (EOP). Included review of IRIS assessments.
- Supervised the oversight of federal agency implementation of the Information Quality Law and OMB Information Quality Guidelines.
- Coordinated and led OMB risk assessment initiatives, including oversight, authorship, coordination of working group, shepherding of draft documents through peer review and public comment, and culmination into a final OMB/OSTP Memorandum on Risk Analysis.
- Monitored and analyzed human health, environmental and safety information which appears in legislative testimony through the legislative review clearance process within the EOP.
- Provided direct scientific, risk assessment, toxicological, and environmental health assistance and interpretation to White House political appointees and senior leaders. Prepared and conducted various briefing papers and talks.

US EPA CAREER DEVELOPMENT DETAIL

US EPA, Office of the Assistant Administrator for the Office of Research and Development, Washington DC. Feb.2006-May 2006

- Reviewed and provided comments on strategies and draft documents for the EPA Assistant Administrator
- Assessed differences and similarities of risk assessment procedures among different EPA program offices, with a specific emphasis on pesticides and the IRIS processes.
- Gained critical understanding of the Office of Research and Development and its role in regulations.

AAAS (American Association for the Advancement of Science) Science and Technology Policy Fellow, Washington DC *FELLOW--US EPA, National Center for Environmental Assessment*

Sept. 2000-Aug. 2002

- Worked on toxicology projects focused on identifying health issues related to childhood susceptibilities, human variability, childrens toxicokinetics and toxicodynamics, and susceptible populations.

Washington State Department of Health, Office of Environmental Assessments, Olympia, WA

***TOXICOLOGIST/PUBLIC HEALTH ADVISOR* Feb. 1999-July 2000**

- Prepared health and exposure assessments, including site specific risk assessments, for ATSDR and the Washington State Department of Health.
- Evaluated human health risks using knowledge, risk assessment tools, air modeling programs, hydrogeology knowledge, and a strong understanding of the fate and transport of compounds in the environment and the body.
- Interacted regularly with other regulators and the general public at public meetings.

Publications, awards, and other leadership activities available upon request



Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

GENERAL INFORMATION

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

♦ Nancy Beth Beck

2. **SOCIAL SECURITY NUMBER**

- 3a. **PLACE OF BIRTH** (Include city and state or country)

♦ (b) (6)

- 3b. **ARE YOU A U.S. CITIZEN?**

(b) (6)

4. **DATE OF BIRTH (MM/DD/YYYY)**

(b) (6)

5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc)

6. **PHONE NUMBERS** (Include area codes)

Day

(b) (6)

Night

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

- 7a. Are you a male born after December 31, 1959?

☐ YES

☒ NO (If "NO", proceed to 8.)

- 7b. Have you registered with the Selective Service System?

☐ YES (If "YES", proceed to 8.)

☐ NO (If "NO", proceed to 7c.)

- 7c. If "NO," describe your reason(s) in item 16.

Military Service

8. Have you ever served in the United States military?

(b) (6)

If you answered "YES," list the branch, dates, and type of discharge for all active duty.

If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge
(b) (6)			

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.
10. Have you been convicted by a military court-martial in the past 7 years? (If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.
11. Are you currently under charges for any violation of law? If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.
12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.
13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.

(b) (6)



Declaration for Federal Employment*

(*This form may also be used to assess fitness for federal contract employment)

Form Approved:
OMB No. 3206-0182

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?

(b) (6)

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

Certifications / Additional Questions

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: Dany Belk Date 4-30-17
(Sign in ink)

17b. Appointee's Signature: Dany Belk Date 5-1-17
(Sign in ink)

Appointing Officer:

Enter Date of Appointment or Conversion
MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? MM / DD / YYYY
DATE: 01/12/02

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? ☐ YES ☐ NO ☒ DO NOT KNOW

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. ☐ YES ☐ NO ☐ DO NOT KNOW



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) BECK, NANCY B					2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 04/30/2017			
FIRST ACTION					SECOND ACTION							
5-A. Code 170		5-B. Nature of Action EXC APPT			6-A. Code		6-B. Nature of Action					
5-C. Code ZLM		5-D. Legal Authority P. L. 95-190			6-C. Code		6-D. Legal Authority					
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority					
7. FROM: Position Title and Number					15. TO: Position Title and Number DEP ASST ADMINISTRATOR FOR TOXICS M0000000 0017027							
8. Pay Plan AD		9. Occ. Code 0301		10. Grade or Level 00		19. Step or Rate 00		20. Total Salary/Award 161900		21. Pay Basis PA		
12A. Basic Pay 127864		12B. Locality Adj.		12C. Adj. Basic Pay		12D. Other Pay		20A. Basic Pay 127864		20B. Locality Adj. 34036		
								20C. Adj. Basic Pay 161900		20D. Other Pay 0		
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization OFFICE OF CHEMICAL SAFETY & POLL PREV ASST ADMR FOR CHEM SAFETY&PLTN PREV WASHINGTON,DC							
EMPLOYEE DATA												
23. Veterans Preference (b) (6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%					24. Tenure 3 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite			25. Agency Use		26. Veterans Preference for RIE (b) (6)		
27. Annuitant Indicator (b) (6)					28. Annuitant Indicator 9 NOT APPLICABLE			29. Pay Rate Determinant 0				
30. Retirement Plan KF FERS-FRAE & FICA					31. Service Comp. Date (Leave) (b) (6)			32. Work Schedule F FULL-TIME			33. Part-Time Hours Per Biweekly Pay Period	
POSITION DATA												
34. Position Occupied 2 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved					35. FLSA Category E E - Exempt N - Nonexempt			36. Appropriation Code		37. Bargaining Unit Status 8888		
38. Duty Station Code 11-0010-001					39. Duty Station (City - County - State or Overseas Location) WASHINGTON,DISTRICT OF COLUMBIA							
40. Agency Data FUNC CLS 00		41. VET STAT (b) (6)		42. EDUC LVL 21		43. SUPV STAT 2		44. POSITION SENSITIVITY MODERATE RISK				
45. Remarks FROZEN SERVICE NONE APPOINTMENT AFFIDAVIT EXECUTED 05-01-17. CREDITABLE MILITARY SERVICE: (b) (6) PREVIOUS RETIREMENT COVERAGE: PREVIOUSLY COVERED THIS POSITION IS DESIGNATED FOR DRUG TESTING 5 NATIONAL SECURITY 5CFR 732.102 APPOINTMENT IS INDEFINITE. EMPLOYEE IS AUTOMATICALLY COVERED UNDER FERS, FERS-RAE OR FERS-FRAE. POSITION IS AT THE FULL PERFORMANCE LEVEL OR BAND. THIS POSITION IS DESIGNATED FOR DRUG TESTING THIS APPOINTMENT DOES NOT CONFER ELIGIBILITY TO BE NONCOMPETITIVELY CONVERTED TO CAREER-CONDITIONAL OR CAREER APPOINTMENT												
46. Employing Department or Agency EP - ENVIRONMENTAL PROTECTIO					50. Signature/Authentication and Title of Approving Official 170722859 / ELECTRONICALLY SIGNED BY: BENJAMIN H. PEABODY ACTG DIR, EXEC RESOURCES DIV, OHR							
47. Agency Code EP00		48. Personnel Office ID 3216		49. Approval Date 05/01/2017								



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) BECK, NANCY B					2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 04/30/2017							
FIRST ACTION					SECOND ACTION											
5-A. Code 002		5-B. Nature of Action CORRECTION			6-A. Code 882		6-B. Nature of Action CHG IN SCD									
5-C. Code		5-D. Legal Authority			6-C. Code VZM		6-D. Legal Authority 5 U.S.C. 6303									
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority									
7. FROM: Position Title and Number DEP ASST ADMINISTRATOR FOR TOXICS M0000000 0017027					15. TO: Position Title and Number DEP ASST ADMINISTRATOR FOR TOXICS M0000000 0017027											
8. Pay Plan AD		9. Occ. Code 0301	10. Grade or Level 00	11. Step or Rate 00	12. Total Salary 161900		13. Pay Basis PA		16. Pay Plan AD		17. Occ. Code 0301	18. Grade or Level 00	19. Step or Rate 00	20. Total Salary/Award 161900		21. Pay Basis PA
12A. Basic Pay 127864		12B. Locality Adj. 34036		12C. Adj. Basic Pay 161900		12D. Other Pay 0		20A. Basic Pay 127864		20B. Locality Adj. 34036		20C. Adj. Basic Pay 161900		20D. Other Pay 0		
14. Name and Location of Position's Organization OFFICE OF CHEMICAL SAFETY & POLL PREV ASST ADMR FOR CHEM SAFETY&PLTN PREV WASHINGTON,DC								22. Name and Location of Position's Organization OFFICE OF CHEMICAL SAFETY & POLL PREV ASST ADMR FOR CHEM SAFETY&PLTN PREV WASHINGTON,DC								
EMPLOYEE DATA																
23. Veterans Preference (b) (6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%								24. Tenure 3 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite				25. Agency Use		26. Veterans Preference for RIF (b) (6)		
27. REGULARITY (b) (6)								28. Annuitant Indicator 9 NOT APPLICABLE				29. Pay Rate Determinant 0				
30. Retirement Plan KF FERS-FRAE & FICA					31. Service Comp. Date (Leave) (b) (6)		32. Work Schedule F FULL-TIME				33. Part-Time Hours Per Biweekly Pay Period					
POSITION DATA																
34. Position Occupied 2 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved					35. FLSA Category E E - Exempt N - Nonexempt			36. Appropriation Code				37. Bargaining Unit Status 8888				
38. Duty Station Code 11-0010-001					39. Duty Station (City - County - State or Overseas Location) WASHINGTON,DISTRICT OF COLUMBIA											
40. Agency Data FUNC CLS 00		41. VET STAT (b) (6)		42. EDUC LVL 21		43. SUPV STAT 2		44. POSITION SENSITIVITY MODERATE RISK								
45. Remarks CORRECTS ITEM NUMBER COR FROM ECTS ITEM 4 FROM 06/26/17.																
46. Employing Department or Agency EP - ENVIRONMENTAL PROTECTIO								50. Signature/Authentication and Title of Approving Official 171156872 / ELECTRONICALLY SIGNED BY: BENJAMIN H. PEABODY ACTG DIR, EXEC RESOURCES DIV, OHR								
47. Agency Code EP00		48. Personnel Office ID 3216			49. Approval Date 06/27/2017											



APPOINTMENT AFFIDAVITS

Deputy Assistant Administrator for Toxics

(Position to which Appointed)

05/01/2017

(Date Appointed)

USEPA

(Department or Agency)

IO/OCSPP

(Bureau or Division)

Washington, DC

(Place of Employment)

I, Nancy Beck, do solemnly swear (or affirm) that--

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

C. AFFIDAVIT AS TO THE PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

Nancy Beck
(Signature of Appointee)

Subscribed and sworn (or affirmed) before me this 01 day of May, 2017

at Washington

(City)

District of Columbia

(State)

Andrew Leader
(Signature of Officer)

(SEAL)

Commission expires _____

(If by a Notary Public, the date of his/her Commission should be shown)

Human Resources Specialist

(Title)

Note - If the appointee objects to the form of the oath on religious grounds, certain modifications may be permitted pursuant to the Religious Freedom Restoration Act. Please contact your agency's legal counsel for advice.



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1. Name (Last, First, Middle) BECK, NANCY B				2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 04/30/2017			
FIRST ACTION				SECOND ACTION							
5-A. Code 002		5-B. Nature of Action CORRECTION		6-A. Code 170		6-B. Nature of Action EXC APPT					
5-C. Code		5-D. Legal Authority		6-C. Code ZLM		6-D. Legal Authority P. L. 95-190					
5-E. Code		5-F. Legal Authority		6-E. Code		6-F. Legal Authority					
7. FROM: Position Title and Number				15. TO: Position Title and Number DEP ASST ADMINISTRATOR FOR TOXICS M0000000 0017027							
8. Pay Plan AD		9. Occ. Code 0301		10. Grade or Level 00		19. Step or Rate 00		20. Total Salary/Award 161900		21. Pay Basis PA	
12A. Basic Pay 127864		12B. Locality Adj. 34036		12C. Adj. Basic Pay 161900		12D. Other Pay 0					
14. Name and Location of Position's Organization				22. Name and Location of Position's Organization ENVIRONMENTAL PROTECTION AGENCY ASST ADMR FOR CHEM SAFETY&PLTN PREV WASHINGTON,DC							
EMPLOYEE DATA											
23. Veterans Preference (b) (6)				24. Tenure 3				25. Agency Use		26. Veterans Preference for RIF (b) (6)	
27. FEGLI (b) (6)				28. Annuitant Indicator 9 NOT APPLICABLE				29. Pay Rate Determinant 0			
30. Retirement Plan KF FERS-FRAE & FICA				31. Service Comp. Date (Leave) (b) (6)		32. Work Schedule F FULL-TIME		33. Part-Time Hours Per Biweekly Pay Period			
POSITION DATA											
34. Position Occupied 2				35. FLSA Category E		36. Appropriation Code				37. Bargaining Unit Status 8888	
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON,DISTRICT OF COLUMBIA							
40. Agency Data FUNC CLS 00		41. VET STAT (b) (6)		42. EDUC LVL 21		43. SUPV STAT 2		44. POSITION SENSITIVITY MODERATE RISK			
45. Remarks CORRECTS ITEM COR TO READ: ECTS TSP DATE FROM 04/30/17 TO 12/08/2007.											
46. Employing Department or Agency EP - ENVIRONMENTAL PROTECTIO						50. Signature/Authentication and Title of Approving Official 180324286 / ELECTRONICALLY SIGNED BY: VICKIE H. TELLIS ACTG DIR, EXEC RESOURCES DIV, OHR					
47. Agency Code EP00		48. Personnel Office ID 3216		49. Approval Date 01/19/2018							



STATEMENT OF PRIOR FEDERAL SERVICE
To be Completed by Employee

1. Name (Last, First, Middle Initial) <i>Beck, Nancy B</i>	2. Social Security Number <div style="background-color: black; color: red; text-align: center;">(b) (6)</div>	3. Date of Birth (Month, Day, Year) <div style="background-color: black; color: red; text-align: center;">(b) (6)</div>
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4. Does the application or resume that you submitted, for the position to which you are being appointed, list all of your Federal government civilian and uniformed service, including beginning and ending dates, as well as the type of appointment and work schedule for civilian service?
☒ Yes — If "Yes", check this block and skip to Item 8. ☐ No — If "No", check this block and complete Items 5 - 9.

5. List below your prior civilian service. Include service with the DC Government on appointments made before October 1, 1987.

NAME AND LOCATION OF AGENCY	FROM			TO			TYPE OF APPOINTMENT AND WORK SCHEDULE (Full-Time, Part-Time, or Intermittent)
	Year	Month	Day	Year	Month	Day	
U.S. Office of Management + Budget Washington DC	2002	August		2012	Jan.		Full time, GS

6. During periods of employment shown in Item 5, did you have a total of more than 6 months' absence without pay during any one calendar year?

☐ Yes — If "Yes", list the following information. ☒ No — If "No", go to Item 7.

TYPE OF ABSENCE, IF KNOWN (LWOP, Furlough, Suspension, AWOL, or Placement in Nonpay Status)	FROM			TO			TOTAL		
	Year	Month	Day	Year	Month	Day	YEARS	MONTHS	DAYS

7. List all uniformed service below. List active service in any branch of the Armed Forces of the United States, including active duty as a reservist, and active service in the commissioned corps of the Public Health Service or the National Oceanic and Atmospheric Administration.

BRANCH OF SERVICE	FROM			TO			DISCHARGE (Honorable or Dishonorable)
	Year	Month	Day	Year	Month	Day	

8. Do you claim any type of veterans' preference which has not been verified?

(b) (6)

9. **CERTIFICATION:** The prior Federal civilian and uniformed service listed on my application/resume and listed above constitutes my entire record of Federal employment. I have no other Federal service for which I want to claim credit.

Signature <i>Nancy Beck</i>	Date <i>4-30-17</i>
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STATEMENT OF WORK

TITLE, SERIES, GRADE

Principal Deputy Assistant Administrator
AD-0340-00

ORGANIZATION

Environmental Protection Agency
Office of Chemical Safety and Pollution Prevention
Washington, DC

TITLE AND GRADE OF SUPERVISOR

Acting Administrator, EX

STATEMENT OF RESPONSIBILITIES

Serving as the principal adviser to the Administrator in matters pertaining to the chemical safety and pollution prevention programs and activities and is responsible for managing the Agency's programs under the Toxic Substances Control Act, as amended by the Frank R. Lautenberg Chemical Safety for the 21st Century Act (TSCA); the Federal Insecticide, Fungicide and Rodenticide Act (FIFRA); and the Federal Food, Drug and Cosmetic Act (FFDCA) and the food Quality Protection Act (FQPA); and for promoting coordination of programs engaged in chemical safety and pollution prevention activities;

Establishing Agency strategies for implementation and integration of the chemical safety and pollution prevention program under applicable Federal statutes; developing and operating Agency program and policies for assessment and control of pesticides and toxic substances; develop recommendations for agency priorities for research, monitoring, regulatory and information gathering activities; developing scientific, technical, economic and social data bases for the conduct of hazard and risk assessments and evaluation in support of chemical safety and pollution prevention activities; providing program guidance to EPA Regional offices; and monitor, evaluate, and assess program operations in EPA Headquarters and Regional Offices.

Representing the Administrator in communications with Congress, Office of Management and Budget and other Federal agencies, state, Regional and local governments, public interest organizations, and private industry, professional groups and the general public. Coordinate office programs with internal and external organizations, determining or recommending compromises to be made, and maintaining effective relations with interested group.



SRO Approval

John E Reeder

REQUEST FOR PERSONNEL ACTION

APPS
7/13/17

1. Actions Requested <i>Conversion to</i>	AD Appointment	2. Request Number IO-2017-114
3. For Additional Information Call (Name and Telephone Number) Ramona Mullen-Miles	Local Tracking No:	4. Proposed Effective Date
5. Action Requested By (Typed Name, Title, Signature, and Request Date) Ryan T. Jackson Chief of Staff	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) E. Scott Pruitt / Administrator	

1. Name BECK, Nancy Beth	2. Social Security Number (b) (6)	3. Date of Birth	4. Effective Date 07-16-17
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5-A. Code 570	5-B. Nature of Action Conv to Dep Appt.	6-A. Code	6-B. Nature of Action
5-C. Code 211	5-D. Legal Authority F.R. 95-190	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number Deputy Assistant Administrator for Toxic	15. TO: Position Title and Number Deputy Assistant Administrator for Chemical Safety and Pollution Prevention
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8. Pay Plan AD	9. Occ. Code 0301	10. Grade or Level 00	11. Step or Rate 00	12. Total Salary \$161,900	13. Pay Basis PA	16. Pay Plan AD	17. Occ. Code 0301	18. Grade or Level 00	19. Step or Rate 00	20. Total Salary/Award \$161,900.00	21. Pay Basis PA
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay				

14. Name and Location of Position's Organization Same →	22. Name and Location of Position's Organization M0000000 - U.S. EPA, Office of Chemical Safety and Pollution Prevention
--	---

23. Veterans Preference (b) (6)	24. Tenure 3	25. Agency Use	26. Veterans Preference (b) (6)
27. FEGLI (b) (6)	28. Annuitant Indicator 9	29. Pay Rate D	30. Retirement Plan K
31. Service Comp. Date (Leave)	32. Work Schedule F	33. Part Time Hours Per Biweekly Pay Period 171	

34. Position Occupied 2	35. FLSA Category E	36. Appropriation Code 1718 B 20A 401CS1	37. Bargaining Unit Status SSSS
38. Duty Station Code 11-0010-001	39. Duty Station Washington, DC		

40. Agency Data	41.	42.	43.	44.		
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship T 1-USA 8-Other	50. Veterans Status A	51. Supervisory Status S

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D. Staff	C. Filer	7/13/17
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature DeeDea Filer	Approval Date 7/13/17
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CONTINUED ON NEXT PAGE

Editions Prior to 7/91 Are Not Usable After 6/30/93
NSN 7540-01-333-6239



(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

☐

YES

☐

NO

___ OGE 450 Not Required

___ OGE 450 Required

Signed: _____, DEO

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regulations

with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)
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STATEMENT OF WORK

TITLE, SERIES, GRADE

Deputy Assistant Administrator for Chemical Safety and Pollution Prevention
AD-0301-00

ORGANIZATION

Environmental Protection Agency
Office Chemical Safety and Pollution Prevention (OCSPP)

TITLE AND GRADE OF SUPERVISOR

Associate Administrator, ES

STATEMENT OF RESPONSIBILITIES

Serving as an adviser to the Administrator in matters pertaining to the Agency's programs under the Toxic Substances Control Act as amended by the Frank R. Lautenberg Chemical Safety for the 21st Century Act (TSCA); the Federal Insecticide, Fungicide and Rodenticide Act (FIFRA); the Federal Food, Drug and Cosmetic Act (FFDCA), and the Food Quality Protection Act (FQPA) and for coordination of programs engaged in prevention, pesticides and toxic substances activities.

Serving as a principal adviser to the Assistant Administrator on management, administrative and reinvention issues. Includes resource planning and determining the appropriate utilization of existing staff and other resources to ensure appropriate allocation and expenditure, identifying methods of increased cost effectiveness and eliminating duplication of effort; providing leadership in developing and maintaining an effective workforce, capable of managing the Office's workload; ensuring effective recruitment strategies, training opportunities and retention activities; ensuring all employees performance plans are aligned with Office Workplans; supporting corrective actions due to poor performance or behavioral issues; implementing agency policies and Collective Bargaining agreements; providing IT leadership to support OCSPP goals and objectives; and providing leadership on Agency initiatives including but not limited to LEAN , E-Enterprise, and Next Generation.

Establishing Agency strategies for implementation and integration of the pesticides and toxic substances under applicable Federal statutes; developing and operating Agency programs and policies for assessment and control of pesticides and toxic substances; developing recommendations for Agency priorities for research, monitoring, regulatory, and information-gathering activities relating to pesticides and toxic substances; developing scientific, technical, economic, and social databases for the conduct of hazard and risk assessments and evaluation in support of toxic substances and pesticides activities; providing toxic substances and pesticide programs guidance to EPA Regional offices; and monitoring, evaluating, and assessing pesticide and toxic substances program operations in EPA Headquarters and Regional Offices.



I, Nancy Beck, hereby accept an Administratively Determined position of Deputy Assistant Administrator for Chemical Safety and Pollution Prevention, located in the Office of Chemical Safety and Pollution Prevention, Washington, DC; under the conditions set forth as stated in this letter.

Signature: _____



Date: _____

7/12/17

Please return this page only to Howard Barnett, Office of Human Resources, mail code: 3606A, room 4358 WJC North



Designation of Beneficiary

Unpaid Compensation of Deceased Civilian Employee

Important:
Read all instructions before
filling in this form

A. Beneficiary			
Name (Last, first, middle) <u>Buck, Nancy, Beth</u>	Date of birth (mm, dd, yyyy) <u>(b) (6)</u>	Social Security Number <u>(b) (6)</u>	
Department or agency in which presently employed (or former department or agency):			
Department or agency <u>EPA</u>	Bureau <u>OCSPP</u>	Division	Location (City, state and ZIP code) <u>Washington DC 20460</u>

I, the employee named above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any **unpaid compensation** due and payable after my death. I understand that this Designation of Beneficiary relates solely to money due as defined in 5 U.S.C. 5581, 5582, 5583, and in no way will affect the disposition of any benefit which may become payable under the Retirement or Group Life Insurance Acts applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect until (1) I expressly change or revoke it in writing, (2) I transfer to another agency, or (3) I am reemployed by the same or another department or agency of the Government.

B. Information concerning the Beneficiaries (See Examples of Designations)			
First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
<u>(b) (6)</u>			
Date of designation (mm, dd, yyyy) <u>11/05/01/2017</u>		Your signature <u>Nancy Buck</u>	Total = 100%

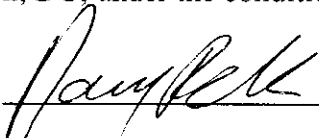
C. Witnesses (A witness is not eligible to receive payment as a beneficiary.)			
We, the undersigned, certify that this statement was signed in our presence. <u>(b) (6)</u>			

Receiving agency certification			
I have reviewed this designation and certify that the designated shares total 100% and that no witnesses are designated as beneficiaries.			
Date received <u>05/01/2017</u>	Signature <u>K. A. [Signature]</u>	Date <u>05/01/2017</u>	
Type or print your return address to insure return			

U.S. EPA/ERD
1200 Pennsylvania Ave., NW
Washington, D.C. 20460



I, Nancy Beck, hereby accept an Administratively Determined position of Deputy Assistant Administrator for Toxics, located in the Office of Chemical Safety and Pollution Prevention; Washington, DC; under the conditions set forth as stated in this letter.

Signature: 

Date: 5.1.17

Please sign, date and return this page during your orientation session on May 1st, to Howard Barnett, Office of Human Resources, mail code: 3606A, room WJC North 4358.



STATEMENT OF WORK

TITLE, SERIES, GRADE

Deputy Assistant Administrator for Toxics (Chemical Safety & Pollution Prevention)
AD-0301-00

ORGANIZATION

Environmental Protection Agency
Office Chemical Safety and Pollution Prevention (OSPP)
Immediate Office

TITLE AND GRADE OF SUPERVISOR

Acting Assistant Administrator, ES

STATEMENT OF RESPONSIBILITIES

1. Serves as an adviser to the Assistant Administrator in matters pertaining to the Agency's programs under the Toxic Substances Control Act as amended by the Frank R. Lautenberg Chemical Safety for the 21st Century Act (TSCA); the Federal Insecticide, Fungicide and Rodenticide Act (FIFRA); the Federal Food, Drug and Cosmetic Act (FFDCA), and the Food Quality Protection Act (FQPA) and for coordination of programs engaged in prevention, pesticides and toxic substances activities.
2. Serves as an adviser to the Assistant Administrator in matters pertaining to the Agency's strategies for implementation and integration of the pesticides and toxic substances under applicable Federal statutes; develops and operates Agency programs and policies for assessment and control of pesticides and toxic substances; develops recommendations for Agency priorities for research, monitoring, regulatory, and information-gathering activities relating to pesticides and toxic substances; develops scientific, technical, economic, and social databases for the conduct of hazard and risk assessments and evaluation in support of toxic substances and pesticides activities; provides toxic substances and pesticide programs guidance to EPA Regional offices; and monitors, evaluates, and assesses pesticide and toxic substances program operations in EPA Headquarters and Regional Offices.



ECI: 2335392

SRO Approval

John E Reeder

REQUEST FOR PERSONNEL ACTION

1. Actions Requested AD Appointment		2. Request Number IO-2017-084	
3. For Additional Information Call (Name and Telephone Number) Ramona Mullen-Miles		4. Proposed Effective Date 03-30-17	
5. Action Requested By (Typed Name, Title, Signature, and Request Date) Ryan T. Jackson Chief of Staff		6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) E. Scott Pruitt / Administrator	
7. FROM: Position Title and Number BECK, Nancy Beth		15. TO: Position Title and Number Deputy Assistant Administrator for Toxicology 17027	
5-A. Code 170	5-B. Nature of Action Exempted Appt.	6-A. Code	6-B. Nature of Action
5-C. Code ZLM	5-D. Legal Authority P.L. 95-190	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority
8. Pay Plan PA		16. Pay Plan AD	
9. Occ. Code 0301		17. Occ. Code 0301	
10. Grade or Level 00		18. Grade or Level 00	
11. Step or Rate 00		19. Step or Rate 00	
12. Total Salary \$161,900.00		20. Total Salary/Award \$161,900.00	
13. Pay Basis PA		21. Pay Basis PA	
14. Name and Location of Position's Organization - U.S. EPA, Office of Chemical Safety and Pollution Prevention		22. Name and Location of Position's Organization - U.S. EPA, Office of Chemical Safety and Pollution Prevention	
23. Veterans Preference (b) (6)		24. Tenure 3	
25. Agency Use (b) (6)		26. Veterans Preference (b) (6)	
27. Retirement Plan KE		28. Annuitant Indicator 9	
29. Retirement Plan KE		30. Work Schedule (b) (6)	
31. Position Occupied 2		32. FLSA Category E	
33. Duty Station Code 11-0010-001		34. Appropriation Code 1718 B 20A 401C31	
35. Duty Station Washington, DC		36. Bargaining Unit Status 8888	
37. Educational Level 21		38. Year Degree Attained 1998	
39. Academic Discipline 512202		40. Functional Class -	
41. Citizenship 1 - USA 8 - Other		42. Veterans Status X	
43. Supervisory Status S		44. Supervisory Status S	
1. Office/Function A.		Initials/Signature Cecelia Feaster	
2. Office/Function B. PSB		Initials/Signature 4/28/17	
3. Office/Function C.		Initials/Signature 4/28/17	
2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.		Signature Cecelia Feaster	
		Approval Date 4/28/17	

CONTINUED ON NEXT PAGE

Editions Prior to 7/91 Are Not Usable After 6/30/99
NSN 7540-01-333-6239



(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

☐ YES ☐ NO

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regulations

with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2018/11/1

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)
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S20: This appointment does not confer eligibility to be noncompetitively converted to career conditional or career appointment.
E01: Appointment Indefinite
K18: Position at full performance level
M01: Appointment affidavit executed on 5/1/2017
M39: Creditable military service: (b) (6)
M40: Previous Retirement Coverage: None
M45: Employee is automatically covered under FERS.
Z66: This position is designated for Drug Testing.



Fax Transmittal

US Environmental Protection Agency
1200 Pennsylvania Avenue, NW
Washington, DC 20460
WJC North, Room 4358

Direct: (202) 564-0402 (202) – Fax: 564-9612

Email: pugh-feaster.aurelia@epa.gov

Atten: Description: Leave Transfer Request Received 6/25/17

Fax #: (303) 969-5463

Subject: Leave Transfer for Nancy B. Beck

Pages: 4 (including cover sheet)

Date: June 26, 2017

**From: Aurelia Feaster, Human Resource Specialist
OARM/OHR/Executive Resources Division**

Comments: Attachment, employee Nancy Beck SF1150 from prior agency OMB. Please transfer all eligible leave to EPA effective April 30, 2017. If you have any questions, please contact me at (202) 564-0402.

Thanks!

Aurelia Feaster 6/26/17

